Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	Inder the Paperw	ork Reduction Act	of 1995, r	no persons are rec	uired to respond			fice; U.S. I	DEPARTMENT (OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unlength of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unlength of PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number		
┢			Subst	tute for Form P	10-875					
CLAIMS AS FILED – PART I									OTHE	R THAN
┝	(Column 1) (Column 2)				SMALL	SMALL ENTITY		SMALL ENTITY		
BA	FOR SIC FEE	NUM	NUMBER FILED		BER EXTRA	RATE	FEE		RATE	FEE
(37	CFR 1.16(a))						s	7	10012	
TOTAL CLAIMS (37 CFR 1.16(c))			minus 2	20 = .	-	x s =	 	OR		\$
INDEPENDENT CLAIMS (37 CFR 1.16(b))		IMS	minus 3 ≈ •			X \$=		OR	X \$=	
						X \$=		OR	x s=	
MU	LTIPLE DEPEND	ENT CLAIM PRESE	NT	(37 CFR 1.16(d))	+ \$=		OR	+ \$=	•	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
		LAIMS AS AN	IENDER) DADTII					IOIAL	
M		LATIVIO B AIV	IENDEL) - PARTII						
_	151	Co. mn 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
⋖	•	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	R	400	1		
AMENDMENT		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADD TIOLAL		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	10	Minus	70	=		ĒΕ	ł	<u> </u>	FEE
	Independent		Minus		-	× \$=	<u> </u>	OR	x s=	
	(37 CFR 1.16(b))					X \$		OR	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$ =	
						TOTAL ADD'L FEE		0.0	TOTAL	
		(Column 1)	,	(0-1	(5.1 5)	ADDETEE	<u> </u>	OR	ADD'L FEE	<u> </u>
8		CLAIMS		(Column 2) HIGHEST	(Column 3)		T -	1		
AMENDMENT R		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-	İ	RATE	ADDi-
	Total	AMENDMENT	Minus	PAID FOR			TIONAL FEE			TIONAL FEE
	(37 CFR 1.16(c))	<u> </u>	Minus		=	x \$=		OR	x \$_ =	
	Independent (37 CFR 1.16(b))	•	Minus	***	= "	x \$ =		OR	x s =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									
						+ \$= TOTAL	 	, OR	_+ s = TOTAL	
						ADD'L FEE		OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C	,	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI-
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE		, , , ,	TIONAL
	Total (37 CFR 1.16(c))	*	Minus	**	=	V 6 -				FEE
	Independent (37 CFR 1.16(b))	•	Minus	***	=	_X \$=		OR	× \$=	
						X \$=		OR	X \$=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	TOTAL ADD'L FEE	
-	' II the "Highest N	lumber Previously	Paid For"	IN THIS SPACE :	is lose than 20 -	-4 #20P			· L	
***	If the "Highest N	umber Previously	Paid For"	IN THIS SDACE :	close than 2 a-	#OR				
ic o	-H41	nation is required		- Ciar or muchellus	any is the highes	a number found in	ine appropriate	pox in co	lumn 1.	1

The Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdent, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.